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Memorandum

To: Interested Parties

From: Commissioner Barbara A. Leadholm, M.S., M.B.A.

Re: Final Report of the Commissioner's Task Force on Safety and Risk Management

Date: December 27, 2007

In distributing the Final Report of the Commissioner's Task Force on Safety and Risk Management, I would like to thank the members of the Task Force and its Risk Tools Subcommittee for their comprehensive and thoughtful work. This Task Force was established by my predecessor, Elizabeth Childs, M.D., with the mandate to identify in collaboration with service providers the current safety and risk management practices within DMH and in community-based services for DMH consumers. The Task Force was to consider the current capacity of the Department to support safety and risk management practices and to make recommendations regarding further enhancing the Department's capacity to implement safety and risk management strategies as a fundamental component of the delivery of excellent services those served by the Department.

Accepting risk is a fundamental dimension of supporting persons in their recovery. Effectively assessing and managing risk is an essential aspect of collaboration in the progress of recovery. The Final Report of the Task Force is a document of considerable scope that provides a range of recommendations for consideration that touch upon policy, practice and operational implementation to enhance safety and recovery. These recommendations focus particularly upon strategies and practices for maintaining safety and supporting the recovery of persons who have histories of violence towards others, self-harming conduct that could result in significant injury, and/or medical compromise that complicates providing community-based medical and mental health services.

Since the Task Force began its work in June 2005 there have been changes in the provision of services by the Department that bear upon the recommendations in the Final Report. For example, broad implementation of the Restraint and Seclusion Reduction Initiative is consistent with Task Force recommendations bearing upon the need to more fully include persons on DMH inpatient units in planning to increase safety and reduce as much as possible circumstances that may lead to restraint or seclusion. Developments in DMH Area-based risk review procedures and collaborations with community-based providers are also consistent with recommendations in the Final Report.

As a result, some recommendations have already been incorporated as part of the continued development of DMH services and recovery philosophy. Other recommendations, such as those recommending reviews of long-standing regulations or policies, or shifts in service priorities or resources, are sufficiently far-reaching to warrant serious and thoughtful conversations among the Department, consumers and their families, community-based providers, and others who would feel the impact of any changes.

In releasing the Final Report, I am inviting those very important conversations to begin with the understanding that the Final Report is the beginning of a process of review, discussion and decision-making. I am inviting comments to be submitted from any interested parties over the next three months regarding the substance of the Final Report and its recommendations, including comments about which of its many recommendations might warrant higher priority in our discussions. Following this initial period for comment, I will outline a process for further review and decision-making regarding the Task Force recommendations or any other recommendations that may emerge during this period for comment or subsequent discussion.

To view the Final Report of the Commissioner's Task Force on Safety and Risk Management, visit the DMH web site at www.mass.gov/dmh.

Thank you.